

STEPS/PROCESS FOR RECEIVING CHEST X-RAY

1. A county Public Health Nurse ("PHN") is assigned to the case and will coordinate care.
2. PHN will fill out the X-ray Request Form, determine if child has insurance, and refer child to PCMC for chest x-ray.
3. An appointment does not need to be scheduled beforehand; child and parent/legal guardian can go directly to PCMC.
4. Child and parent/legal guardian must go to the Outpatient Registration desk first to register. The Outpatient Registration desk is on the first floor of the hospital, just inside the South entrance.
5. Please bring the X-Ray Request form and present it to the admitting staff at PCMC's Outpatient Registration desk.
6. The hours for Outpatient Registration are 6:00AM - 5:30PM, Monday through Friday. If child and parent/legal guardian show up after hours or on weekends, there will be a sign at the Outpatient Registration area that will direct you to another location to register.
7. The admitting staff will collect some basic information: home and business addresses, parents and child's birth date, telephone numbers, and any insurance information. **If child has insurance, please bring insurance card** so we can take a copy of it and bill the insurance company.
8. Parent/legal guardian will be asked to sign consent forms.
9. Once this information has been collected, child and parent/legal guardian will proceed to the Medical Imaging/X-ray Department, located on the first floor (down the hall from the Outpatient Registration area). The Medical Imaging/X-ray Department is open 24 hours/day, 7 days/week.
10. At the Medical Imaging/X-ray Department, hand the X-ray Request Form to the staff.
11. The appropriate chest x-ray will be given. Family does not need to wait for the results.
12. Within 24 hours, the test results will be faxed to the county PHN at the number identified on the X-ray Request Form. If the chest x-ray is abnormal, the county PHN will be contacted by phone as well as the test results faxed over.

STEPS/PROCESS FOR BILLING

1. If there is insurance, PCMC and Pediatric Radiology will bill insurance company for reimbursement. The TB Control Program will be billed as secondary.
2. If there is no insurance, PCMC will submit a UB92 for facility charges and Pediatric Radiology will submit a HCFA 1500 for physician charges to the following address:
Utah Department of Health
TB Control / Refugee Health
Attn: Cristie Chesler
288 North 1460 West
Box 142105
Salt Lake City, Utah 84114-2105
3. When billing, PCMC and Pediatric Radiology should use Dr. K. Krow Ampofo (the Program's current pediatric medical director) as the referring physician.
4. Individual bills (not monthly) will be submitted for each child that receives a chest x-ray.
5. PCMC will bill the full amount. The Health Department must take the agreed upon discount from the total billed charges.
6. Pediatric Radiology will bill the discounted amount. The Health Department will pay full billed charges.
7. Payment must be received within 45 days of receipt of the claim. The Health Department can either pay these claims individually or collectively on a monthly basis.
8. Payment must be submitted to the following address w/ an explanation.

<u>For PCMC (facility charges):</u>	<u>For Pediatric Radiology (physician charges):</u>
IHC	Pediatric Radiology, P.C.
P.O. Box 30180	2319 South Foothill Blvd, Suite 275
SLC, UT 84130	SLC, UT 84109
9. The explanation must have the following information: PCMC Account Number, Patient Name, Date of Service, Amount paid.